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| 2183 CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231 | Application Number | 10/516,847 |
| | Filing Date | 12/03/2004 |
| | First Named Inventor | Cornelis van Berkel |
| | Group Art Unit | 2629 |
| | Examiner Name | William Boddie |
| | Attorney Docket Number | GB020087US |

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|---|-------------------------|---|-------|----------------|-----------|
| Please change the Correspondence Address for the above-identified application to: | | | | | |
| <input checked="" type="checkbox"/> | Customer Number | 24737 | | → | |
| | | Type Customer Number here | | 24737 | |
| OR | | | | | |
| <input type="checkbox"/> | Firm or Individual Name | Philips Electronics North America Corporation | | | |
| Address | | P. O. Box 3001 | | | |
| Address | | | | | |
| City | | Briarcliff Manor | State | NY | ZIP 10510 |
| Country | | USA | | | |
| Telephone | | (914) 945-6000 | Fax | (914) 332-0615 | |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the :</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Reg. No. 37,285</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> | | | | | |
| Typed or Printed Name Eric M. Bram | | | | | |
| Signature /Eric M. Bram/ | | | | | |
| Date 19 November 2007 | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. | | | | | |